Mayor Vincent C. Gray's One City Summer Youth Employment Program



TERMINATION REQUEST FORM

Enrollee Name:	SSN (last four digits): XXX – XX –
Host Agency:	Date:
Worksite Name:	Worksite Supervisor:
Enrollee's Position:	
Please check the box indicating the reason for the term	ination.
☐ Falsification of documents (e.g., signing in and o	ut for someone else)
☐ Insubordination (e.g., disobeying a supervisor)	
☐ Disruptive behavior	
☐ Excessive absences	
☐ Possession, sale, or use of illegal drugs	
☐ Harassment (e.g., sexual, verbal, or physical)	
☐ Theft	
☐ Other	
Please provide a detailed explanation supporting the termination request.	
DO NOT WRITE BELOW THIS LINE	
Termination request has been	APPROVED DENIED
Staff Signature	Date

The Department of Employment Services is an Equal Opportunity Employer/Provider. Language interpretation services are available without cost. Auxiliary aids and services are available upon request for individuals with disabilities.





Government of the District of Columbia Vincent C. Gray, Mayor